



Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use: BB MO
Missouri Ethics Commission
JUL 21 2015

Statement of Committee Organization

1. Statement Information

Date: July, 2015

Type: ☒ New ☐ Amended (if amending, enter MEC ID C151129 & section changed _____)

2. Committee Information

Name of Committee

Friends of Rusty Black

PO Box 768 Chillicothe MO 64601 (660) 247-1647

Official Committee Email Address

Sherry Parks
County Clerk or Board of Election Commissioners

Committee Type: ☐ Campaign ☒ Candidate ☐ Continuing (PAC) ☐ Debt Service ☐ Exploratory ☐ Political Party

3. Treasurer/Deputy Treasurer Information

Treasurer's Name (First & Last)

Jim Grozinger
21954 LIV 236 Wheeling, MO 64688

Treasurer's Email Address (optional)

(660) 659-2553 (660) 646-3414
Treasurer's Home Telephone Number Treasurer's Work Telephone Number

Deputy Treasurer's Name (if one appointed)

Deputy Treasurer's Email Address (optional)

Deputy Treasurer's Mailing Address, City, State, & Zip

Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone Number

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any)

Additional Committee Officer's Mailing Address, City, State, & Zip

Connected Organization's Name (if any)

Connected Organization's Mailing Address, City, State, & Zip

CANDIDATES: Do you have more than one candidate committee? ☐ Yes (refer to instructions on back) ☒ No

5. Official Bank Account Information (required by all committees)

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Rusty Black 9083 LIV 529 Chillicothe MO 64601
Name & Mailing Address, City, State & Zip of Candidate

() ()
Telephone Number (Candidate Committees Only)

Aug Nov 2016 7th District MO Rep.
Election Date Office Sought & Political Subdivision

Republican
Political Party Support or Oppose

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure

Election Date & Political Subdivision

Support or Oppose

8. Signature(s) Check certification(s) & sign (required by all committees)

☒ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.

Committee Treasurer

Candidate (Candidate Committees Only)